MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/926009**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND	DEP.
1	1		1											
2		1					51							
3		1					52							
4		1					53							
5		1					54							
6		1					55							
7				1			56							
8				1			57							
9				1			58							
10	1		1				59							
11		1					60							
12							61							
13				1			62							
14							63							
15							64							
16							65							
17							66							
18				1			67							
19				1			68							
20				1			69							
21				1			70							
22				1			71							
23				1			72							
24				1			73							
25				1			74							
26							75							
27				1			76							
28				1			77							
29							78							
30							79							
31							80							
32							81							
33							82							
34							83							
35							84							
36							85							
37							86							
38							87							
39							88							
40							89							
41							90							
42							91							
43							92							
44							93							
45							94							
46							95							
47							96							
48							97							
49							98							
50							99							
TOTAL IND.							100							
TOTAL DEP.		2 / 22					TOTAL IND.							
TOTAL CLAIMS		24					TOTAL DEP.							
							TOTAL CLAIMS							

O-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS   U.S. DEPARTMENT OF COMMERCE